

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1			1			52						
3		1					53						
4		1					54						
5		1					55						
6		2					56						
7		2					57						
8		2					58						
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10		2					60						
11		2					61						
12		2					62						
13		2					63						
14		2					64						
15	1		1				65						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2				TOTAL IND.						
TOTAL DEP.			13				TOTAL DEP.						
TOTAL CLAIMS			15				TOTAL CLAIMS						